

**PROMOTING SAFE & STABLE FAMILIES
2012 MINI GRANT APPLICATION FORM**

ORGANIZATION INFORMATION:

Organization Name: _____

Address: _____

City: _____ State _____

Zip _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Total Program Budget: _____

Amount Requested: _____

Provide a brief history of the organization, including mission & major programs:

State the organization's annual operating budget:

Describe population and number of persons your organization serves annually:

Service area for the proposed program:

PROGRAM INFORMATION:

1. Briefly describe the program to be funded, its objectives, strategies, curriculum and anticipated benefit to the community. How does it address at least one of the priority program areas for PSSF, listed in the announcement?

2. Is your program new? If not, when was it established?

3. Indicate the location of the program and the hours of operation.

4. List staff members who will be implementing the program, including their titles and professional training.

5. Define the target population your program is intended to reach.

6. How will you attract and retain participants?

7. How will you evaluate the success of your program?

8. How will PSSF funds be used?

FUNDING SOURCES:

List other funding received for this program:

Specify the impact if PSSF funding is denied:

REQUIRED ATTACHMENTS:

_____ 501(c)(3) Determination Letter
_____ Program Budget (one page)
_____ Board of Directors List
_____ (Name, Affiliation)

REQUIRED SIGNATURES:

Applicant organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin, or sexual orientation.

Executive Director/President _____

Print full Name _____

Send completed application package or deliver to:

Sarah Sorden
Family Consultant, PSSF Program
Neighborhood House, Inc.
1218 B Street
Wilmington, DE 19801

DEADLINE: Application must be received by 5:00pm, June 22, 2012